


Discharge Risk Assessment (to be completed 2 days prior to discharge)

PATIENT NAME: _____

CHECK ALL THAT APPLY:

- ☐ Lives at home with limited or no community support
- ☐ Requires assistance with medication management
- ☐ Polypharmacy (greater than 7 medications)
- ☐ History of mental illness
- ☐ Issues with health literacy
- ☐ Requires assistance with ADL's/IADL's
- ☐ Cognitive impairment
- ☐ End stage condition* 
- ☐ Diagnosis of CHF/COPD/diabetes/HIV/AIDS
- ☐ Incontinent
- ☐ Acute/chronic wound or pressure ulcer
- ☐ History of falls
- ☐ Decreased adherence to treatment plan
- ☐ Repeat hospitalizations/ED visits
- ☐ Requires assistance in management of Oxygen and/or nebulizer

TOTAL # CHECKED = _____

 **SCORE ≥ 5**

This patient is **HIGH RISK** for rehospitalization.
Refer to home care services immediately.

 **SCORE of 2 - 4**

This patient is at **MODERATE RISK** for rehospitalization.
Refer to home care prior to discharge.

 **SCORE < 2**

This patient is **LOW RISK** for rehospitalization.
Discharge to community.

***If patient has an end stage/life limiting condition and any of the following, consider a HOSPICE evaluation or referral.**

- ☐ Recent impaired nutritional status, as evidence by
 - a) unintentional weight loss of $\geq 10\%$ over last 6 months or
 - b) serum albumin < 2.5
- ☐ Recent decline of functional status (Karnofsky score < 50)
- ☐ Unrelieved physical symptoms and/or
- ☐ Symptoms proving difficult to manage (pain, nausea, vomiting, dyspnea, constipation, anxiety, agitation)
- ☐ Poor response to optimal treatment
- ☐ Frequent ER visits and/or hospitalizations

**Hospice patients need not be homebound*

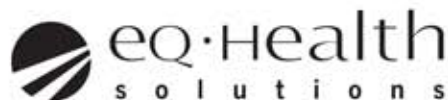
REFER TO HOME HEALTH SERVICES FOR:

SKILLED NURSING

- ☐ Observation & assessment
- ☐ Teaching & training
- ☐ Performance of skilled treatment of procedure
- ☐ Management & evaluation of a client care plan

AND/OR

- ☐ Physical, occupational and/or speech therapy
- ☐ Medical social work
- ☐ Home health aide service for personal care and/or therapeutic exercises
- ☐ Telehealth Care Management



The Medicare QIO for Louisiana
(formerly Louisiana Health Care Review)

TO QUALIFY FOR MEDICARE HOME HEALTH SERVICES:

- The patient is under the care of a physician (community physician willing to sign home care orders).
- The patient requires skilled nursing, physical therapy, or speech therapy services; or has a continuing need for occupational therapy on an intermittent basis. (If daily, then there is an endpoint to daily care.)
- Services are provided in the patient's home.
- Services must be reasonable and necessary.
- The patient is homebound.

DEFINITION OF HOMEBOUND:

Homebound means the condition of the patient causes a considerable and taxing effort for the patient to leave home:

Homebound Qualifiers:

- Absences from the home are infrequent or of short duration

Examples of infrequent or short duration absences

- Attendance at religious service
- Attendance at a significant family event
- Trip to barber or hairdresser
- Walk outdoors

- To receive health care treatment
- To receive medical day care services

If patient referred to Home Health or Hospice care prior to discharge, please include name of agency below:

☐ Hospice: _____

☐ Home Care: _____